



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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CROSSOVER CLAIM EDITING BULLETIN

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Crossover Claim Editing

Missouri Medicaid applies editing to Medicare/Medicaid crossover claims very similar to that used to process Medicaid only claims. The claims processing system can only process 25 edits or less on one claim. A crossover claim will deny if processing of the claim results in more than 25 edits (Remittance Advice Remark Code MA130).

Crossover claims that deny for more than 25 edits (MA130) must be resubmitted and must be "split" into multiple claims with fewer lines. Try to split the claim so the number of edits is 25 or less.

For example, claims with:

- 28 service lines with zero edits will not deny for MA130;
- 10 service lines with 30 edits will deny for MA130;
- 28 service lines with 24 edits will not deny for MA130;
- 7 service lines with 21 edits will not deny for MA130.

The key to avoiding a crossover claim denial for more than 25 edits (MA130) is to estimate the number of edits per service line. Timely filing, duplicate claim submission, third party liability (TPL), and spenddown all post an edit for each line.

When a provider receives the MA130 Remittance Advice Remark Code, the provider must resubmit claims that total less than 25 edits.

When splitting claims into multiple claims, the claim header charge will be different than the one sent to Medicare because the claim header charge must reflect the total charge of the service lines on the smaller split claim.

Duplicate services (same procedure code/revenue code) performed on the same day must be submitted on the same split claim in order to process correctly.

When crossover claims are submitted on the Medicaid billing Web site, each split claim should be printed upon submission to assist providers in reconciling their patient accounts. After submitting each claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Select the "Print" button at the bottom of the screen to print and save the claim for your records. After printing the claim, click on the "View Other Payer" button. This will bring up a screen of the information entered in "header other payer and detail other payer" screens. There will be an option to print this screen also. Providers should also print the other payer screens so they will know what totals they submitted at the other payer level. These documents will allow you to see how you billed each segment of the Medicare crossover claim to Missouri Medicaid. The status of the claims may be viewed online the next day.

Each (split) claim submitted to Missouri Medicaid will receive a separate Internal Control Number (ICN). For example, 28 service lines billed to Medicare had to be broken down into 3 split claims to Missouri Medicaid.

- Claim #1 ICN 49-06185-000-58-0
- Claim #2 ICN 49-06185-000-59-0
- Claim #3 ICN 49-06185-000-60-0

Providers can also bill smaller claims to Medicare so that the claim can cross over correctly without being manually split to address more than 25 edits.

Instructions for submitting electronic Medicare/Medicaid Crossover Claims can be found by going to <http://dss.missouri.gov/dms/providers/education/trainingbooklets.htm> and selecting the appropriate provider training book. Look for the section explaining how to file Medicare crossover claims.

Once claims have been submitted, the status of the claims can be reviewed the following day by going to www.emomed.com and selecting the "claim confirmation" link.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896